

QUITCLAIM DEED

THIS QUITCLAIM DEED made and entered into this day by and between EMILY H. TAYLOR AND HUSBAND, THOMAS A. TAYLOR, who joins in this conveyance for the purpose of conveying any homestead rights , or other marital rights, he may have to the property by virtue of his marriage to Emily H. Taylor, hereinafter "Grantors" and C & C BUILDERS, LLC, hereinafter "Grantee".

WITNESSETH:

FOR AND IN CONSIDERATION OF Ten and no/100 (\$10.00) dollars, cash in hand paid by the Grantee to the Grantors, and other good and valuable consideration, the receipt and sufficiency of all of which are hereby acknowledged, Grantors do hereby convey and quitclaim unto Grantee, that certain real property situated in DeSoto County, Mississippi, and more particularly described as follows:

16.00, more or less, acres of land located in the Northeast Quarter of Section 19, Township 3 South, Range 5 West, DeSoto County, Mississippi and is more particularly described as follows:

Commencing at the Northeast corner of Section 19, Township 3 South, Range 5 West; thence South 00 degrees 43' 45" East, a distance of 462.00 feet; thence South 00 degrees 43' 45" East a distance of 1365.19 feet to a 3/8" rebar set being the POINT OF BEGINNING; thence continuing South 00 degrees 43' 45" East along said line a distance of 427.76 feet to a 3/8" rebar set; thence South 39 degrees 41' 07" West a distance of 329.60 feet to a 3/8" rebar set on the North right-of-way of Byhalia Road (80' Wide) being the point of curvature of a non-tangent curve, concave to the South, having a radius of 464.33 feet a cental angle of 7 degrees 18' 51", and a chord of 59.23 feet bearing North 78 degrees 01' 17" West; thence Westerly along said curve a distance of 59.27 feet; thence North 81 degrees 40' 42"

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West a distance of 435.00 feet to the point of curvature of a tangent curve, concave to the North, having a radius of 672.24 feet and a central angle of 15 degrees 29' 38"; thence Westerly along said curve a distance of 181.79 feet; thence North 66 degrees 11' 04" West a distance of 95.22 feet to the point of curvature of a tangent curve, concave to the south, having a radius of 955.97 feet and a central angle of 12 degrees 01' 48"; thence Northwesterly along said curve a distance of 200.72 feet; thence North 78 degrees 12' 52" West a distance of 58.47 feet to a 3/8" rebar set on said North right-of-way; thence North 00 degrees 43' 27" West a distance of 444.34 feet to a 3/8" rebar set; thence North 90 degrees 00' 00" East a distance of 1208.27 feet to the Point of Beginning; said described tract containing 16.00 acres, more or less.

GRANTOR HEREIN acquired title from Foster H. Hilliard by Deed of Gift as recorded in Book 339, Page 761, in the office of the Chancery Clerk of DeSoto County, Mississippi. Foster H. Hilliard acquired title as tenants by the entirety with the right of survivorship and not as tenants in common by Warranty Deed as recorded in Book 47, Page 157 with Emily Pearce Hilliard, who passed away on December 24, 1996, a copy of the death certificate is attached as Exhibit "A" to this deed.

IN TESTIMONY WHEREOF, witness the signature of the Grantors on this the 20th day of JUNE, 2000.

Emily H. Taylor
EMILY H. TAYLOR

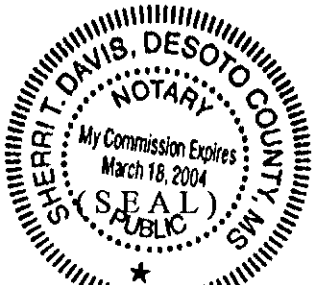
Thomas A. Taylor
THOMAS A. TAYLOR

STATE OF MISSISSIPPI
COUNTY OF DESOTO

THIS DAY personally appeared before me, the undersigned authority within and for the State and County aforesaid, EMILY H. TAYLOR AND THOMAS A. TAYLOR, who acknowledged that

they signed, executed and delivered the above and foregoing Quitclaim Deed on the day and year therein mentioned.

GIVEN under my hand and official seal on this the 20th day of JUNE, 2000.



My Commission Expires:

NOTARY PUBLIC

ADDRESS OF GRANTOR:

3130 RED BANKS RD N
BYHALIA MS 38611
Home: (662) 838-6136
Work: (601) 363-1571

ADDRESS OF GRANTEE:

4782 Alden Lake Drive
Nesbit, MS 38651
Home: n/a
Work: (662) 342-6640

PREPARED BY AND RETURN TO:
HOLCOMB DUNBAR, P.A.
P. O. BOX 190
SOUTHAVEN, MS 38671-0190
(601) 349-0664

FILE #800319/STD

WITH BLACK INK		DATE		STATE OF MISSISSIPPI		BK0375pg0040	
DECEASED		1. NAME		2. SEX		3. HOUR OF DEATH	
		First Middle Last		Female		11:30p m	
		Emily Ozella Hilliard				December 24, 1996	
4. RACE (Specify White, Black, American Indian, etc.)		5a. AGE AT LAST BIRTHDAY		ONLY IF UNDER 1 YEAR ONLY IF UNDER 1 DAY		6. DATE OF BIRTH (Month Day Year)	
White		81 Years		5b. MOS 5c. DAYS 5d. HOURS 5e. MINS		Dec. 20, 1915	
7b. CITY OR TOWN OF DEATH		7c. HOSPITAL OR OTHER INSTITUTION NAME AND NUMBER (If not in either, give street address, route number or other location)		7d. IF IN HOSP. OR INST. SPECIFY INPT., OUTPT., EMER., RM OR DOA		7a. COUNTY OF DEATH	
Byhalia		3468 Red Banks Road South				DeSoto	
9. DECEDENT'S EDUCATION (Specify only highest grade completed)		10. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)		11. SURVIVING SPOUSE (If wife, give maiden name)		12. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or No)	
Elementary School (0-12)		College (1-4, 5+) 4		Married Foster Haven Hilliard		No	
13. ORIGIN OR DESCENT (Specify Cuban, Afro-American, Mexican, etc.)		14. SOCIAL SECURITY NUMBER		15a. USUAL OCCUPATION (Kind of work done most of working life)		15b. KIND OF BUSINESS OR INDUSTRY	
American		415-24-8397		School Teacher		Education	
16a. RESIDENCE--STATE		16b. COUNTY		16c. CITY OR TOWN		16d. INSIDE CITY LIMITS (Specify Yes or No)	
Mississippi		Desoto		Byhalia		No	
16e. STREET AND NUMBER OR RURAL LOCATION		16f. CITY OR TOWN		16g. STATE		16h. ZIP CODE	
3468 Red Banks Rd. South		Byhalia		MS		38611	
PARENTS		17. FATHER--NAME		18. MOTHER--NAME			
		First Middle Last		First Middle Maiden			
		Lawrence Sims Pearce		Era McCown			
INFORMANT		19a. INFORMANT--NAME (Type or print)		19b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
		Foster H. Hilliard		3468 Red Banks Rd. So., Byhalia, MS		38611	
DISPOSITION		20a. BURIAL, CREMATION, REMOVAL (Specify)		20b. CEMETERY, CREMATORY--NAME		20c. LOCATION (City and State)	
		Burial		Memorial Park South Woods		Memphis, TN	
21b. FUNERAL HOME--NAME AND MISSISSIPPI I.D. NUMBER		21c. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)		21a. EMBALMER--SIGNATURE AND NUMBER			
Brantley Funeral Home 17R		P.O. Bx 428, Olive Branch, MS		38654-0428		Jerry S. Reader FS0617	
PRONOUNCEMENT		22a. PERSON WHO PRONOUNCED DEATH--NAME AND TITLE (Type or print)		22b. PRONOUNCED DEAD (Month, Day, Year)		22c. PRONOUNCED DEAD (Hour, Minute)	
				ON 12/24/1996		AT 11:30p m	
CERTIFIER		23a. CERTIFIER--NAME (Type or print)		23b. MAILING ADDRESS (Street and number or route and box number, City or town, State, ZIP code)			
		Jeffery Pounders		4942 Pounders Rd. Nesbit, Ms. 38651			
Mississippi State Board of Health		24a. To the best of my knowledge death occurred due to the cause(s) and manner as stated		24b. On the basis of examination and/or investigation, in my opinion, death occurred due to the cause(s) and manner as stated			
Form No. 511 Revised 1-1-89		SIGNATURE		MD		SIGNATURE	
		24b. DATE SIGNED (Month, Day, Year)		24c. STATE LICENSE NUMBER		24f. TITLE	
						Desoto CMEI	
		24d. NAME OF ATTENDING PHYSICIAN IF OTHER THAN CERTIFIER (Type or print)		24g. DATE SIGNED (Month, Day, Year)		12/31/1996	
CAUSE OF DEATH		25. PART I. DEATH CAUSED BY:		IMMEDIATE CAUSE (Enter one cause only):		Interval between onset and death	
		(a)		Ovarian Cancer			
		(b)		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death	
		(c)		DUE TO, OR AS A CONSEQUENCE OF (Enter one cause only):		Interval between onset and death	
Conditions, if any, which gave rise to immediate cause stating the underlying cause last		26. PART II. OTHER SIGNIFICANT CONDITIONS-- Conditions contributing to death but not resulting in the underlying cause given in PART I		27. AUTOPSY (Yes or No)		28. WAS CASE REFERRED TO MEDICAL EXAMINER? (Yes or No)	
				No		Yes	
Use if death NOT due to natural causes		29a. ACCIDENT, SUICIDE, HOMICIDE, PENDING INVESTIGATION, OR UNDETERMINED (Specify)		29b. DATE OF INJURY (Month, Day, Year)		29c. HOUR OF INJURY	
						m.	
29d. DESCRIBE HOW OR BY WHAT MEANS INJURY OCCURRED		29e. PLACE OF INJURY (Specify Home, Farm, Street, Factory, Office building, etc.)		29f. LOCATION		Street or route number City or town State	

